



RHODE ISLAND STATE POLICE TRAINING ACADEMY

P.O. Box 250
North Scituate, RI 02857



SUPPLEMENTAL APPLICATION FOR EMPLOYMENT

Application must be typed or clearly printed in ink. All items in the application must be filled in completely, correctly, and to the best of your knowledge be true. Applicant must sign application. Any applications that are incomplete and/or illegible can result in the rejection of the application by the Rhode Island State Police. It is your responsibility to provide any and all telephone numbers for the institutions or persons that you have listed on the application. You have an affirmative obligation to notify the Rhode Island State Police at the above address, in writing of any changes or additions to sections I, IV, VIII, or IX that occur after the date the application is filed.

SECTION I - PERSONAL HISTORY

NAME: LAST		FIRST		MIDDLE		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
IF YOU HAVE CHANGED YOUR NAME, GIVE DATE, PLACE AND REASON					LIST ANY OR ALL NICKNAMES		
PRESENT HOME ADDRESS - STREET (ALSO INCLUDE P.O. BOX IF THAT IS YOUR CORRECT MAILING ADDRESS)					CITY		ZIP CODE
DATE OF BIRTH (MM/DD/YEAR)		AGE		SOCIAL SECURITY NUMBER			
RESIDENCE TELEPHONE NUMBER ()		WORK PHONE NUMBER		OTHER / E-MAIL ADDRESS			
ARE YOU A LICENSED AUTOMOBILE OPERATOR? YES <input type="checkbox"/> NO <input type="checkbox"/>		OPERATOR LICENSE NUMBER				STATE	
HAVE YOU EVER SUBMITTED AN APPLICATION FOR EMPLOYMENT WITH THE RHODE ISLAND STATE POLICE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, LIST DATE(S):							
HAVE YOU PREVIOUSLY APPLIED TO ANY LAW ENFORCEMENT AGENCY? YES <input type="checkbox"/> NO <input type="checkbox"/> AGENCY/STATE _____ LESS THAN TWO YEARS <input type="checkbox"/> MORE THAN TWO YEARS <input type="checkbox"/> AGENCY/STATE _____ LESS THAN TWO YEARS <input type="checkbox"/> MORE THAN TWO YEARS <input type="checkbox"/>							
HAVE YOU EVER BEEN EMPLOYED <u>FULL TIME</u> AS A LAW ENFORCEMENT OFFICER? IF YES, LIST AGENCY AND CHECK OFF BOX INDICATING NUMBER OR YEARS OF SERVICE. YES <input type="checkbox"/> NO <input type="checkbox"/> AGENCY/STATE _____ LESS THAN TWO YEARS <input type="checkbox"/> MORE THAN TWO YEARS <input type="checkbox"/> AGENCY/STATE _____ LESS THAN TWO YEARS <input type="checkbox"/> MORE THAN TWO YEARS <input type="checkbox"/>							
HAVE YOU EVER OBTAINED AN OPERATORS LICENSE IN ANY OTHER STATE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, LIST STATE(S):							
ARE YOU A U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>		PLACE OF BIRTH				STATE	

The Rhode Island State Police is an Equal Opportunity and Diversity Employer.

SECTION II - EDUCATION

	DATES						MAJOR	DIPLOMA OR DEGREE
	FROM			TO				
	MO.	DAY	YR.	MO.	DAY	YR.		
HIGH SCHOOL(S) NAME								
ADDRESS								
TELEPHONE ()								
HIGH SCHOOL(S) NAME								
ADDRESS								
TELEPHONE ()								
COLLEGE OR UNIVERSITY(S) NAME								
ADDRESS								
TELEPHONE ()								
COLLEGE OR UNIVERSITY(S) NAME								
ADDRESS								
TELEPHONE ()								
OTHER EDUCATIONAL INSTITUTIONS NAME								
ADDRESS								
TELEPHONE ()								
OTHER EDUCATIONAL INSTITUTIONS NAME								
ADDRESS								
TELEPHONE ()								

WERE YOU EVER DISMISSED/EXPELLED FROM A SCHOOL, OR WAS ANY DISCIPLINARY ACTION EVER TAKEN AGAINST YOU DURING YOUR SCHOLASTIC CAREER?

YES ☐ NO ☐ SCHOOL _____ DATE _____ TYPE OF ACTION _____

LIST AWARDS, HONOR, CITATIONS, POSITIONS HELD IN SCHOOL ORGANIZATIONS, ATHLETIC ENDEAVORS, AND OTHER SPECIAL RECOGNITION YOU HAVE RECEIVED WHILE ATTENDING SCHOOL.

1. _____
2. _____
3. _____
4. _____
5. _____

SECTION III - FORMER ADDRESSES

List chronologically all of your residences in the past ten (10) years (including addresses while attending school if away from home and all military addresses including any off-military base). There should not be any time not accounted for. Use another sheet of paper if needed.

[illegible]

SECTION IV – EMPLOYMENT

List chronologically **all** employment, including summer and part-time employment while attending school, for the last ten (10) years. All time must be accounted for. **If unemployed for a period, indicate dates of unemployment.**

A telephone number is mandatory for each entry.

COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()	
ADDRESS/CITY/STATE				POSITION	
YEARLY SALARY \$		TYPE OF WORK			
REASON FOR LEAVING		STARTING DATE / /		ENDING DATE / /	

COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()	
ADDRESS/CITY/STATE				POSITION	
YEARLY SALARY \$		TYPE OF WORK			
REASON FOR LEAVING		STARTING DATE / /		ENDING DATE / /	

COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()	
ADDRESS/CITY/STATE				POSITION	
YEARLY SALARY \$		TYPE OF WORK			
REASON FOR LEAVING		STARTING DATE / /		ENDING DATE / /	

COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()	
ADDRESS/CITY/STATE				POSITION	
YEARLY SALARY \$		TYPE OF WORK			
REASON FOR LEAVING		STARTING DATE / /		ENDING DATE / /	

COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()	
ADDRESS/CITY/STATE				POSITION	
YEARLY SALARY \$		TYPE OF WORK			
REASON FOR LEAVING		STARTING DATE / /		ENDING DATE / /	

COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()	
ADDRESS/CITY/STATE				POSITION	
YEARLY SALARY \$		TYPE OF WORK			
REASON FOR LEAVING		STARTING DATE / /		ENDING DATE / /	

COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()	
ADDRESS/CITY/STATE				POSITION	
YEARLY SALARY \$		TYPE OF WORK			
REASON FOR LEAVING		STARTING DATE / /		ENDING DATE / /	

COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()	
ADDRESS/CITY/STATE				POSITION	
YEARLY SALARY \$		TYPE OF WORK			
REASON FOR LEAVING		STARTING DATE / /		ENDING DATE / /	

HAVE YOU EVER FACED DISCIPLINARY ACTION AT A JOB? YES ☐ NO ☐

HAVE YOU EVER BEEN DISMISSED FROM A POSITION? YES ☐ NO ☐

IF YES, GIVE NAME OF EMPLOYER AND REASON FOR DISMISSAL _____

HAVE YOU EVER RECEIVED AN UNFAVORABLE PERFORMANCE EVALUATION AT A JOB? YES ☐ NO ☐

HAVE YOU EVER BEEN THE SUBJECT OF AN INTERNAL AFFAIRS INVESTIGATION AT A JOB? YES ☐ NO ☐

SECTION V - MILITARY RECORD

HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES OF THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>		BRANCH OF MILITARY SERVICE	
HIGHEST RANK ATTAINED:	DATE COMMISSIONED <i>(if applicable)</i>	TYPE OF DISCHARGE	BASIS OF DISCHARGE
SERIAL NUMBER	DATES OF ACTIVE DUTY <i>(MM/DD/YY)</i> FROM / / TO / /	WAS ANY TYPE OF DISCIPLINARY ACTION TAKEN AGAINST YOU WHILE IN THE SERVICE? YES <input type="checkbox"/> NO <input type="checkbox"/> ACTION:	
HAVE YOU OR ARE YOU NOW SERVING IN A MILITARY RESERVE UNIT? IF YES, WHAT BRANCH?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU OR ARE YOU NOW SERVING IN A NATIONAL GUARD UNIT? IF YES, WHAT UNIT?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
WERE YOU EVER SUBJECTED TO A COURT-MARTIAL PROCEEDING, TRIED ON CHARGES, OR WERE YOU THE SUBJECT OF A SUMMARY COURT, OR ANY OTHER DISCIPLINARY ACTION WHILE A MEMBER OF THE U.S ARMED FORCES? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, GIVE DETAILS: _____ _____ _____ _____			

SECTION VI – REFERENCES

Give three (3) references (not relatives, former or present employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women including your physician, if you have one, who have known you well for at least five (5) years and preferably those who have known you during the past five (5) years. If retired, give their former occupation.

COMPLETE NAME		OCCUPATION		NO. YRS OF ACQ.	
RESIDENCE ADDRESS		CITY	STATE	ZIP	TELEPHONE
					()
BUSINESS ADDRESS		CITY	STATE	ZIP	TELEPHONE
					()
COMPLETE NAME		OCCUPATION		NO. YRS OF ACQ.	
RESIDENCE ADDRESS		CITY	STATE	ZIP	TELEPHONE
					()
BUSINESS ADDRESS		CITY	STATE	ZIP	TELEPHONE
					()
COMPLETE NAME		OCCUPATION		NO. YRS OF ACQ.	
RESIDENCE ADDRESS		CITY	STATE	ZIP	TELEPHONE
					()
BUSINESS ADDRESS		CITY	STATE	ZIP	TELEPHONE
					()

SECTION VII - CREDIT RECORD

ARE YOU INDEBTED TO ANYONE? YES <input type="checkbox"/> NO <input type="checkbox"/> (LIST ANY DEBT OVER \$500. ALSO LIST ANY DEBT, REGARDLESS OF THE AMOUNT, WHERE PAYMENT IS PAST DUE.)			
CREDITOR	ADDRESS (INCLUDE TELEPHONE NO.)	AMOUNT	LOAN OR ACCT NO.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

HAVE YOU EVER FAILED TO FILE A FEDERAL, STATE OR LOCAL TAX RETURN AS REQUIRED BY LAW? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF YES, GIVE DETAILS: _____ _____ _____	
HAVE THERE BEEN OR ARE THERE CURRENTLY ANY TAX LIENS PLACED ON YOU OR A MEMBER OF YOUR HOUSEHOLD? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF YES, GIVE DETAILS: _____ _____ _____	

SECTION VIII - COURT RECORD

Before answering the following questions please read carefully:

- A.** Many individuals who have been arrested or have had criminal charges brought against them incorrectly think that the records have been sealed, expunged, destroyed or no longer in existence. If you were convicted of a crime and have had the conviction expunged, you must disclose the fact of a conviction pursuant to the Rhode Island General Laws 12-1.3-4 regardless of the fact that the matter was expunged or sealed. Any arrest that did not result in a conviction must be disclosed unless the matter has been expunged.

Please note that arrests and convictions are not an automatic bar to employment. Any impact will depend on the circumstances.

Have you ever been arrested? YES ☐ NO ☐

If you answered yes, please indicate the date, circumstances of the arrest(s), and whether a conviction resulted.

- B. Have you ever pled guilty, nolo contendere or been convicted of any misdemeanor or felony offense (regardless of whether fined or penalty imposed) or are there any criminal charges pending against you?**

DATE	PLACE AND DEPARTMENT	CHARGE/S	FINAL DISPOSITION

- C. Have you ever been involved in a civil dispute with any individual or organization?** YES ☐ NO ☐

DATE	PLACE AND DEPARTMENT	CHARGE/S	FINAL DISPOSITION

- D. Have you ever failed to pay court-ordered child support?** YES ☐ NO ☐

If yes, give details: _____

- E. Have you ever been named the respondent in a restraining order?** YES ☐ NO ☐

If yes, give details: _____

- F. Have you ever been detained, questioned or held on suspicion, fingerprinted, or taken into custody for any reason other than a traffic offense, as an adult or a juvenile?**

YES ☐ NO ☐

If yes, give details: _____

- G. Have you ever been involved in any matters in Family Court such as adjudications of wayward or delinquent, abuse or neglect cases, custody or domestic disputes?**

YES ☐ NO ☐

If yes, give details: _____

SECTION IX - DRIVING RECORD

A. List all motor vehicle violations that you have received over the last ten (10) years.

VIOLATION	DATE	POLICE DEPARTMENT	DISPOSITION

B. List all accidents that you have been involved in while operating a motor vehicle over the last ten (10) years.

TYPE	DATE	POLICE DEPARTMENT	WAS ANYONE INJURED?	WERE YOU FOUND AT FAULT?
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

SECTION X – DRUG USAGE

1. Have you ever purchased illegal drugs?

YES ☐ NO ☐

If yes, give details: _____

2. Have you ever used steroids, other than as prescribed by a physician?

YES ☐ NO ☐

If yes, give details: _____

3. Have you used illegal drugs within the last twelve (12) months?

YES ☐ NO ☐

If yes, give details: _____

4. Are you a medical marijuana cardholder or caregiver?

YES ☐ NO ☐

If yes, give details: _____

5. Are you currently taking any prescribed medications?

YES ☐ NO ☐

If yes, please list: _____

SECTION XI - ORGANIZATION MEMBERSHIP

A. Are you now or have you ever been a member of any club, group or organization? (excluding religious organizations)

YES ☐ NO ☐ If "yes" list below (do not abbreviate).

NAME	CITY AND STATE	FORMER	PRESENT (LIST POSITION HELD AND EXTENT OF ACTIVITY)

SECTION XII - RELATIVES

All applicants must give complete information concerning their relatives. If you have been married more than once, give the requested information concerning each former spouse. Even if a relative is deceased, give all the information requested, and indicate last residence in the year of death. Include all step brothers and sisters, and also include all half brothers and sisters. If you are engaged to be married or contemplating marriage in the near future, include complete information regarding your future spouse, and clearly remark that such relationship is a future one.

MARITAL STATUS SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>			
PLACE OF MARRIAGE		DATE OF MARRIAGE	NUMBER OF CHILDREN (if any)
PLACE OF DIVORCE /LEGAL SEPARATION	COURT	DATE	FINAL DISPOSITION

To the best of your knowledge, has any member of your immediate family ever pled guilty, pled nolo contendere or been convicted of any criminal offense (regardless of whether fined or penalty imposed) or are there any criminal charges pending against any member of your immediate family?
Any expunged convictions do not have to be listed in this section.

NAME	RELATION	DATE	PLACE	CHARGE	FINAL DISPOSITION

COMPLETE NAME, INCLUDING MIDDLE NAME (NO INITIALS), COMPLETE ADDRESS	OCCUPATION - NAME & ADDRESS OF FIRM WHERE EMPLOYED
FATHER	
ADDRESS	TELEPHONE # ()
BIRTH DATE	PLACE OF BIRTH
MOTHER (including maiden name)	
ADDRESS	TELEPHONE # ()
BIRTH DATE	PLACE OF BIRTH
SPOUSE (if wife, include maiden name)	
ADDRESS	TELEPHONE # ()
BIRTH DATE	PLACE OF BIRTH
CHILDREN	
ADDRESS	TELEPHONE # ()
BIRTH DATE	PLACE OF BIRTH
CHILDREN	
ADDRESS	TELEPHONE # ()
BIRTH DATE	PLACE OF BIRTH

COMPLETE NAME, INCLUDING MIDDLE NAME (NO INITIALS), COMPLETE ADDRESS		OCCUPATION - NAME & ADDRESS OF FIRM WHERE EMPLOYED
CHILDREN		
ADDRESS	TELEPHONE # ()	
BIRTH DATE	PLACE OF BIRTH	
CHILDREN		
ADDRESS	TELEPHONE # ()	
BIRTH DATE	PLACE OF BIRTH	
CHILDREN		
ADDRESS	TELEPHONE # ()	
BIRTH DATE	PLACE OF BIRTH	
BROTHER		
ADDRESS	TELEPHONE # ()	
BIRTH DATE	PLACE OF BIRTH	
BROTHER		
ADDRESS	TELEPHONE # ()	
BIRTH DATE	PLACE OF BIRTH	
BROTHER		
ADDRESS	TELEPHONE # ()	
BIRTH DATE	PLACE OF BIRTH	
BROTHER		
ADDRESS	TELEPHONE # ()	
BIRTH DATE	PLACE OF BIRTH	
SISTER		
ADDRESS	TELEPHONE # ()	
BIRTH DATE	PLACE OF BIRTH	
SISTER		
ADDRESS	TELEPHONE # ()	
BIRTH DATE	PLACE OF BIRTH	
SISTER		
ADDRESS	TELEPHONE # ()	
BIRTH DATE	PLACE OF BIRTH	
SISTER		
ADDRESS	TELEPHONE # ()	
BIRTH DATE	PLACE OF BIRTH	

PERSONAL QUESTIONNAIRE

List any special skills or training that you have acquired that would be beneficial to the Rhode Island State Police. (Include any language skills, firearms training, SCUBA certifications, etc.)

List any awards, certificates or honors received other than those listed under "Section II, Education" of this application.

Do you exercise on a regularly basis? YES ☐ NO ☐ If yes, what is your exercise routine?

Do you have any tattoos or body piercing? YES ☐ NO ☐ If yes, please indicate whether said tattoo or piercing would be exposed while wearing the Division of State Police uniform.

List hobbies and recreational interests.

List any public service or community activities that you are or have been involved in.

Explain in your own words why you are interested in becoming a member of the Rhode Island State Police. (You may attach up to one additional sheet of paper to answer this question.)

Is there anything in your background or personal history that would adversely affect your ability to perform the duties and responsibilities of a state trooper?

The information solicited in this Application for Employment is necessary to complete your background investigation. In order for the Rhode Island State Police to have sufficient information to complete this investigation, you must complete this application in its entirety. The information solicited herein and the results of the investigation that follow will be used to determine your suitability for employment with the Rhode Island State Police. You should be aware that willfully making a false statement or concealing a material fact in your application for employment will be the basis for dismissal from the selection process or from the Rhode Island State Police, if later discovered.

The Division of State Police maintains regular scheduled night shifts. I understand that I must be available for such assignments as the needs of the Division require. I further understand that any appointments tendered me will be contingent upon the results of a complete character and fitness investigation. I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the selection process, or from the Rhode Island State Police, if later discovered. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge.



SIGNATURE OF APPLICANT